

IMPORTANT NOTICE REGARDING THE HAWAII

DENTAL

EXAMINATION

The Dental Licensure Examination is being administered on a military facility, and access to and use of such facility is subject to federal authority.

By submitting an application to the Department of Commerce & Consumer Affairs, the candidate acknowledges and agrees that the Dental Licensure Examination may need to be postponed or cancelled without warning because of inaccessibility to the facility as determined by federal authorities.

BY SUBMITTING AN APPLICATION, THE CANDIDATE FURTHER ACCEPTS COMPLETE RESPONSIBILITY FOR ALL COSTS AND EXPENSES INCURRED FROM SUCH POSTPONEMENT OR CANCELLATION.

Should you have any questions or concerns regarding this notice, please submit them in writing without delay to the Board of Dental Examiners.

REQUIREMENTS FOR LICENSE - DENTIST

Access this form via website at: www.hawaii.gov/dcca/pvl

AGE	Be at least 18 years of age.
APPLICATION	<p>Complete the attached application form. Type or print legibly in dark ink and sign application. Applicants are subject to requirements in effect at the time of filing.</p> <ul style="list-style-type: none">• Failure to provide the requested information will result in this form being returned to you for completion.
FEES	<p>ATTACH the non-refundable application fee of \$50 made payable to COMMERCE & CONSUMER AFFAIRS.</p> <p>\$550 (<i>Application - \$50* + Examination Fee - \$500</i>)</p> <p><i>*Application fee is not refundable.</i></p> <p>Upon passing the regular exam, you will be notified of license fees due for issuance of license.</p> <p>Note: <i>One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.</i></p> <p><i>If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.</i></p>
DENTAL GRADUATE	<p>Be a graduate of a dental college accredited by the Council of Dental Education of the American Dental Association. ATTACH a copy of diploma.</p> <p>RECENT GRADUATES: Arrange to have sent to the board, a "Certificate of Dean" form completed by the Dean attesting to your date of graduation or date on which you will have graduated. A copy of diploma must follow and be received prior to licensure.</p> <p>NOTE: Please be advised that failure to graduate will disqualify you from sitting for the examination.</p>
NATIONAL BOARD EXAMINATION	<p>Pass the National Board Dental Examinations Part I & II. There shall be a 5-year limit of recognition of Part II of the National Board exam. Such time shall be computed from the date the exam is taken to the first day of the Hawaii licensing exam. Arrange to have the final report of the National Board Examination Data Score Card forwarded to the board or attach an <u>original</u> score card to license application. Copies are not acceptable. Contact the National Board at (312) 440-2678 to request that scores be sent to the Board.</p> <p>If your examination is beyond the 5-year limit of recognition, make arrangements with the Joint Commission on National Dental Examinations to retake the examination in ample time to have your new score card forwarded to the Board.</p>
NATIONAL PRACTITIONER DATA BANK VERIFICATION	<p>Applicants who are licensed in a state or U.S. territory are directed to call the Data Bank at 1-800-767-6732 to request a form for self-query or you may download the form from their website at: www.npdb.com. After completing the form, return it directly to the NPDB (not HIPDB). They will send the report to you. You are then to forward the report titled "Search Result-NPDB" to our office.</p>

(CONTINUED ON BACK)

**LICENSE
VERIFICATION**

Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

ADDRESS OF BOARD

Mail all required items to:

*Board of Dental Examiners
DCCA, P&VL, Lic Br.
P.O. Box 3469
Honolulu, HI 96801*

Or

*Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000*

**LICENSE
EXAMINATION
AND FILING DEADLINE**

Exams are given twice a year, usually in February and July. All applications must be filed at least 60 days before the first day of the scheduled exam.

Written clinical, practical clinical and laboratory examinations will be given during the week of the Hawaii state board examinations, as programmed by the board and disseminated through the general instructions for dental licensure examination.

**LAWS & RULES
PUBLICATION**

A copy of the laws, Chapter 448, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dentistry may be obtained by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 448 and Chapter 79.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/pvl. Look under "Dentists and Dental Hygienist".

**WITHDRAWAL/
POSTPONEMENT
FROM EXAM**

Written notice of your inability to be present at the examination you request for due to postponement or withdrawal must reach the Board's office at least 5 weeks prior to the first day of the examination.

Requests for postponements shall result in the application of your examination fee to the next scheduled examination. Requests for withdrawal shall result in a refund of your examination fee.

Failure by applicants to provide written notice to postpone or withdraw from the examination within the period stated above shall result in the forfeiture of your examination fee.

**POST GRADUATE
STUDIES FOR REEXAM
CANDIDATES**

GRADUATES OF
ACCREDITED SCHOOLS

Applicants who fail the State dental examination after three (3) attempts, are required to successfully complete a post-graduate course of one full semester in operative and prosthetic dentistry at an accredited dental college before being eligible to take another examination. **Submit** a certificate verifying course completion.

NOTE: In addition to the above, if your National Board Part II Examination is beyond the 5-year limit of recognition, you will be required to retake the examination in ample time to have your new score card forwarded to the Board **prior** to the examination.

**ABANDONMENT
OF APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

**APPLICANTS WITH
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are subject to renewal on or before December 31, of each ODD-NUMBERED year.

The failure to timely renew a license, including payment of fees and completion of the continuing education requirement, shall cause the license to be automatically forfeited. A license which has been forfeited may be restored within two (2) years after the date of forfeiture upon compliance with the licensing renewal requirements. After 2 years, a new application for Exam and License shall be required.

APPLICATION FOR EXAM AND LICENSE - DENTIST

License Effective

License No.

Follow the instructions and read requirements on the attached sheet.

DT -

Name (First-Middle)	(Last)	FOR OFFICE USE ONLY
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address (ONLY if different from residence)		
Other names used or known by:	Age	
Social Security No.	Phone No. (days)	
		Present place of practice

Circle or underline answers; give details when required:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you taken and passed all parts of the National Board exam within the past five years? YES NO
(If response "no," explain on separate sheet.)
- 4) a. Do you presently hold or have you ever held a license in any other state or country? YES NO
b. Where? _____ Date you requested verification to be sent to Board: _____
c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
(If response "yes," explain on separate sheet.)
d. Are there any disciplinary actions pending against you? YES NO
(If response "yes," explain on separate sheet.)
- 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
(If response "yes," explain on separate sheet.)
- 6) Have you ever been arrested or been treated for narcotic addiction? YES NO
(If response "yes," explain on separate sheet.)
- 7) Have you ever been treated for alcoholism? YES NO
(If response "yes," explain on separate sheet.)
- 8) Have you ever been declared a ward of any court, or adjudged an incompetent, or have any proceedings ever been brought to have you declared a ward of any court or adjudged an incompetent, or have you ever been committed to an institution? YES NO
(If response "yes," explain on separate sheet.)

(CONTINUED ON BACK)

App	168	\$50
Exam	170	\$500
Lic	173	\$75
CRF	169	\$35/\$70
½ Ren	160	\$50
Service Fee	BCF	\$15

Name of Applicant:

Date:

EDUCATION	Dates (mo/yr)		Semester or Cr Hrs	Degree Earned & Date Earned	Name of Institution	Location (City/country)
	From	To				
					College/University (other than dental)	
					Dental	
					Graduate	

AFFIDAVIT OF APPLICANT:

I am the applicant for examination for licensure referred to. I have carefully read the questions in the foregoing application and have answered them truthfully and completely, without reservations of any kind. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Board of Dental Examiners of the State of Hawaii any information, files or records requested by the board in connection with the processing of this application.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which is thereby acquired, and I hereby consent that any knowledge or information be disclosed to the Board of Dental Examiners in the State of Hawaii.

I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

I also certify that I have read, understand, and agree to comply with the laws and rules that the board determines are required for licensure.

Date

Signature of Applicant

TO: BOARD OF DENTAL EXAMINERS
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
335 Merchant St., Room 301, P.O. Box 3469
Honolulu, Hawaii 96801

Access this form via website at: www.hawaii.gov/dcca/pvl

CERTIFICATE OF DEAN OF DENTAL COLLEGE GRANTING DEGREE

I hereby certify that _____ matriculated in
(Name of Student)
the _____ Dental College
(Name of Dental College)
on the _____ day of _____, 20 ____, and attended _____ years, graduating or will be
graduating with the degree of DDSc, DDS, DMD on the _____ day of _____, 20 ____.

SEAL OF COLLEGE
OR UNIVERSITY

Signature of Dean

Print or Type Name

Date

RECENT GRADUATES: If you have recently graduated, have this form completed by the Dean attesting to your date of graduation or date on which you will have graduated. This date must be PRIOR to a scheduled examination.

VERIFICATION OF LICENSE - DENTIST

Access this form via website at: www.hawaii.gov/dcca/pvl

State of Hawaii
Board of Dental Examiners
P.O. Box 3469
Honolulu, HI 96801

TO BE COMPLETED BY APPLICANT:

A P P L I C A N T	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		License Number
			Date Issued
	I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Board of Dental Examiners.		
Date _____ SIGN HERE _____			

TO BE COMPLETED BY LICENSING AGENCY:

L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above-named individual was issued license number _____ to practice as a dentist:		
	Date issued: _____		
	Date license/certificate expires: _____		
	Has this license/certificate ever been sanctioned in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?..... [] YES [] NO (Please explain yes response and <u>attach</u> copy of board's order and related information.)		
Do your files contain any derogatory information on this applicant?..... [] YES [] NO (Please explain yes response and <u>attach</u> copy of board's order and related information.)			
COMMENTS:			
Signature: _____			
Title: _____			
State: _____			
Date: _____			
BOARD SEAL			
TO THE APPLICANT: Attach original with board's seal to your application form, <u>or</u> the licensing agency may send directly to the Board.			

THIS FORM MAY BE DUPLICATED.